



Baltimore Icedogs Hockey Club

P.O. Box 195, Baltimore, Ont., K0K 1C0
 (Phone) 905-372-5662 x6

TOURNAMENT APPLICATION CROSS BORDER CLASH REP TOURNAMENT

Center: _____ (ie. Baltimore Minor Hockey)
 OMHA / USA Category: _____ (ie. BB, B, AE etc)
 Division / Age Group: _____ (ie. Novice etc)
 Home Jersey Colour: _____
 Away Jersey Colour: _____

PLAYER'S NAME(Please Print) (Last Name, First Name, Intital)	JERSEY #	POSITION

COACHING STAFF	NAME (Please Print)	Phone Number
Head Coach		
Trainer		
Manager		
Asst. Coach		
Asst. Coach / Trainer		

PRIMARY TEAM CONTACT

Name: _____
 Address: _____
 City / Postal Code: _____
 Home Phone: _____
 Cell Phone: _____
 Fax Number: _____
 E-mail: _____
 Confirmed Hotel Name / Location: _____